

Interactive Data Report: PDMP Data Technical Notes

Data Sources

Data for this report is from the Pennsylvania Prescription Drug Monitoring Program (PDMP), which collects all Schedule II, III, IV and V controlled substance prescriptions dispensed in Pennsylvania. The current PDMP system started collecting dispensations in June 2016.

Data Updates

Data is updated quarterly with a quarter lag time.

Measures

Rates and Denominators: Rate measures are calculated using state/county populations for the specific age/gender group as denominators, unless otherwise noted. Number of Dispensations and Dispensations per 10,000 Population are calculated based on the dispenser's location. Number of Prescriptions and Prescriptions per 10,000 Population are calculated based on the patient's county of residence. Rates are not age-adjusted.

Controlled Substance Scheduling and Rescheduling: Certain drugs are considered controlled substances by the Drug Enforcement Administration (DEA) and are categorized into schedules based upon medically accepted use and the potential for abuse and dependence. Occasionally, drugs are rescheduled such that they then become reportable to the PDMP causing an increase that is due to a change in reporting rather than an increase in dispensations of drugs previously classified within certain Schedules and/or Drug Classes. As of October 2022, this has not affected data submitted to the PDMP since the current system started collecting data on June 24, 2016.

Defining Drug Classes (see Appendix A for a list of drugs in each Class):

- **Buprenorphine** information is only collected if it is dispensed at a pharmacy
- **Benzodiazepines** include benzodiazepines with anti-convulsant, anxiolytic, and sedative-hypnotic effects
- **Opioids (All Schedules) – excluding buprenorphine** includes full opioid agonist and partial opioid agonist classes with the exception of buprenorphine
- **Opioids (Schedule II)** includes Schedule II full opioid agonists
- **Stimulants (All Schedules)** includes amphetamines, amphetamine derivatives and respiratory/CNS stimulants
- **Stimulants (Schedule II)** includes Schedule II amphetamines and respiratory/CNS stimulants

Dispensation Trend: Only Schedule II Opioids and Schedule II Stimulants are included in the counts and rates as the PDMP data prior to July 2016 does not include Schedule III – V dispensations. Before the current PDMP went live, pharmacies submitted only Schedule II controlled substances data on a monthly basis to the PDMP that was maintained by the Office of the Attorney General in Pennsylvania.

Number/Rate of Individuals Seeing 5+ Prescribers and 5+ Dispensers: Number of unique individuals who received prescriptions from 5 or more prescribers AND 5 or more dispensers for any Schedule II-V substance in a 3-month period. This measure is also referred to as "Multiple Provider Episodes". County rates are calculated based on the location of the patient meeting these criteria.

Number/Rate of Individuals Seeing 4+ Prescribers and 4+ Dispensers: Number of individuals who received prescriptions from 4 or more prescribers AND 4 or more dispensers for any Schedule II-V substance in a 3-month period. This measure is also referred to as Multiple Provider Episodes. County rates are calculated based on the location of the patient meeting these criteria.

Number/Rate of Individuals Seeing 3+ Prescribers and 3+ Dispensers: Number of individuals who received prescriptions from 3 or more prescribers AND 3 or more dispensers for any Schedule II-V substance in a 3-month period. This measure is also referred to as Multiple Provider Episodes. County rates are calculated based on the location of the patient meeting these criteria.

Morphine Milligram Equivalents (MMEs): MME is a standardized way to calculate the strength of an opioid prescription. MME is calculated as (Quantity / Days' Supply) * Strength per Unit * Conversion Factor. Opioids are the only pharmaceutical class possible to convert to MME units. This measure is also referred to as Morphine Equivalent Doses (MED). Buprenorphine is excluded from MME calculations.

Number/Rate of Individuals with an Average Daily MME >50, >90 or >120: Average Daily MME is calculated as the sum of the total MME per day in a time period based on all prescriptions an individual has filled, divided by the number of days in the prescription(s). The Interactive Data Report displays the number of individuals who are receiving high dose opioid prescription(s). Measures include the number and rate of individuals prescribed an Average Daily MME greater than 50 MME per day, greater than 90 MME per day, or greater than 120 MME per day throughout the time period, and is based on the individual's county of residence.

Number/Rate of Individuals with Overlapping Opioid/Benzodiazepine Prescriptions: Number and rate of individuals receiving overlapping opioid and benzodiazepine prescriptions during a given quarter using state/county populations as denominators. This measure is based on the patients' county of residence.

Number/Rate of Individuals with > 30 Days of Overlapping Opioid/Benzodiazepine Prescriptions: Number and rate of individuals receiving overlapping opioid and benzodiazepine prescriptions for more than 30 days during a given quarter using state/county populations as denominators. This measure is based on the patients' county of residence.

Consistency with Other Reports

Differences with other published reports may occur due to differing case definitions or time lags. The PDMP system relies on pharmacies to report accurate and timely information. Pharmacies can correct or submit post-dated data at any time. Therefore, PDMP data changes as pharmacies correct, amend, or resubmit data. The current report represents a snapshot in time.

Changes to the metrics:

- April 2019:
 - o Prescription and Dispensation location data assigned to counties based on geocoded location. Previously, county was assigned based on zip code centroid.
- July 2019:
 - o Risky Measures location data assigned to counties based on geocoded location. Previously, county was assigned based on zip code centroid.
 - o PDMP vendor transitioned from patient linking algorithm V4 to patient linking algorithm V5, which resulted in more accurate patient linking capabilities.
 - o Algorithms for identifying Risky Measures were improved to provide more accurate patient counts.

Disclaimer

The Office of Drug Surveillance and Misuse Prevention is continuously working to improve the quality and timeliness of the data. The Interactive Data Report represents the most up-to-date PDMP data available for analysis as of 10/2022 and is subject to change. Some measures are based on data extracts from a real-time data collection system, which is subject to continuous updating. The current version includes corrections related to missing/invalid zip codes using sources outside of the PDMP system.



Appendix A. Generic Drug Name by Class*

Benzodiazepines

ALPRAZOLAM
CHLORDIAZEPOXIDE
CLOBAZAM
CLONAZEPAM
CLORAZEPATE
DIAZEPAM
ESTAZOLAM
FLURAZEPAM
LORAZEPAM
MIDAZOLAM
OXAZEPAM
QUAZEPAM
TEMAZEPAM
TRIAZOLAM

Opioids (All Schedules) – excluding buprenorphine

ALFENTANIL
BUTORPHANOL
CODEINE
DIHYDROCODEINE
FENTANYL
HYDROCODONE
HYDROMORPHONE
LEVORPHANOL
MEPERIDINE
METHADONE
MORPHINE
OPIUM/BELLADONNA ALKALOIDS
OXYCODONE
OXYMORPHONE
PENTAZOCINE
REMIFENTANIL
SUFENTANIL
TAPENTADOL
TRAMADOL

Stimulants (All Schedules)

AMPHETAMINE/AMPHETAMINE SALTS
ARMODAFINIL
BENZPHETAMINE
DEXMETHYLPHENIDATE
DEXTROAMPHETAMINE
DIETHYLPROPION
LISDEXAMFETAMINE
LORCASERIN
METHAMPHETAMINE
METHYLPHENIDATE
MODAFINIL
PHENDIMETRAZINE
PHENTERMINE

Buprenorphine

BUPRENORPHINE
BUPRENORPHINE + NALOXONE

Opioids (Schedule II)

ALFENTANIL
CODEINE
FENTANYL
HYDROCODONE
HYDROMORPHONE
LEVORPHANOL
MEPERIDINE
METHADONE
MORPHINE
OPIUM/BELLADONNA ALKALOIDS
OXYCODONE
OXYMORPHONE
REMIFENTANIL
SUFENTANIL
TAPENTADOL

Stimulants (Schedule II)

AMPHETAMINE/AMPHETAMINE SALTS
DEXMETHYLPHENIDATE
DEXTROAMPHETAMINE
LISDEXAMFETAMINE
METHAMPHETAMINE
METHYLPHENIDATE

*The designated Dispensation/Prescription categories contain preparations of the specified substances, alone or in combination with other medications.